

# TOWN OF WORTHINGTON

Building Inspections Department  
Town Hall P.O. Box 247  
Worthington, MA 01098  
TEL- 413-238-5577  
FAX- 413-238-5579

## Request for Plan Review and Building Permit Application

Application Date: \_\_\_\_\_ Assessor Map# \_\_\_\_\_ Assessors Lot# \_\_\_\_\_ Permit Fee \$ \_\_\_\_\_

Site Address \_\_\_\_\_

Owner Name : \_\_\_\_\_ Owner address: \_\_\_\_\_

Owner Tel # : \_\_\_\_\_ Owner Address: \_\_\_\_\_

Contractor : \_\_\_\_\_ Contr. Address: \_\_\_\_\_

Contr.Tel # : \_\_\_\_\_ Constr.Supervisor# \_\_\_\_\_ HIC # \_\_\_\_\_

Arch. or Eng. : \_\_\_\_\_ Arch. Address : \_\_\_\_\_

Arch. Tel. # : \_\_\_\_\_ Mass. Regist. # : \_\_\_\_\_

PLEASE CHECK APPROPRIATE ITEMS		
<b>A.) Type of Permit Requested</b> 1.) New Construction : _____ 2.) Addition : _____ 3.) Alter/Renovation : _____ 4.) Foundation Only : _____ 5.) Temporary : _____ 6.) Change of Use : _____ 7.) Other : _____	<b>B.) Ownership</b> <b>PUBLIC</b> 1.) State : _____ 2.) Town : _____  <b>PRIVATE</b> 1.) Taxable : _____ 2.) Nontaxable : _____	<b>C.) Estimated Costs of Project</b> 1.) Structural : _____ 2.) Electrical : _____ 3.) Plumbing : _____ 4.) HVAC : _____ 5.) Gas : _____ 6.) All Other : _____ 7.) Total Costs : _____
<b>D.) Foundation Set Backs</b> (from site plan) 1.) Front : _____ 2.) Rear : _____ 3.) Left Side : _____ 4.) Right Side : _____ 5.) Lot Sq.Footage : _____ 6.) % Lot Coverage : _____	<b>E.) Building Dimensions</b> (from prints) 1.) # of Stories : _____ 2.) Basement Y/N : _____ 3.) Bldg. Height : _____ 4.) Bldg. SqFt. : _____ 5.) Width : _____ 6.) Length : _____	<b>F.) Type of Construction</b> (from Code Book) 1A: _____ 1B: _____ 2A: _____ 2B: _____ 2C: _____ 3A: _____ 3B: _____ 4. : _____ 5A: _____ 5B: _____
<b>G.) Residential Uses:</b> R-1 Motel/Hotel : _____ R-3 One/Two Fam : _____ R-4 One Family : _____ (detached) Fireplace/Chimney : _____ Swimming Pool : _____	Attch.Deck/Porch : _____ Detached Garage (U) : _____ Shed/Utility Bldg (U) : _____ Mobile Home (R-4) : _____ Modular Home(R-4) : _____ Other : _____	<b>H.) Residential Section: Totals</b>  Total Kitchens : _____ Total BedRooms : _____ Total BathRooms : _____ Total Rent/ BdRm : _____ (Sleeping Rooms)
<b>I. General Information:</b> Flood Plain Y/N : _____ Wetlands Y/N : _____ Water Supply : Well _____ Town _____ Septic System: Approved Y/N : _____		

**Turn page over and complete the information on reverse side**  
**this area for Department use only**

Permit Date : \_\_\_\_\_ Permit #. \_\_\_\_\_ Special Permit # \_\_\_\_\_ Variance # \_\_\_\_\_ FeePd. \_\_\_\_\_

***Request for Plan Review and Building Permit Application  
(Continued)***

PLEASE CHECK OR FILL APPROPRIATE ITEMS		
<b>J.) "Use Group" Designation</b> - (check more than one if Mixed Use) (see Chapter 3 of Mass. Building Code- 6th Edition)		
A-1-(A) Theatre : ____ A-1-(B) (no stage) : ____ A-2 Night Club : ____ A-3 Restaurant : ____ A-4 Church : ____ A-5 Outdr Assem. : ____ E Educational : ____ (may include some Day Care)	R- Residential : ____ I-2- Institutional : ____ (may include some Day Care) I-3- Restrained : ____ F-1- Factory/M-H : ____ F-2- Factory/L-M : ____ S-1- Storage/M-H : ____ S-2- Storage/L-M : ____	B-Business : ____ M-Mercantile : ____ H-High Hazard : ____ U-Utility : ____ Other(explain) : ____ _____ _____
<b>NOTE:</b> ALL WORK on nonresidential structures that contain more than 35,000 cubic feet, shall comply with section 110 and 116 of the Building Code. All such plans must be stamped with original stamps, signed and dated by the appropriate professional, with special attention to the requirements of 110.8 and 110.12.		
Describe, in detail, the proposed use of the structure or building (ie. elementary school, machine shop, office building, paper storage warehouse, restaurant with bar, paint storage in existing Industrial plant, bed and breakfast etc...) attach additional sheets if necessary.		
<b>K.) Principal Type of Heat</b>  1.) Coal : ____ 2.) Gas : ____ 3.) Oil : ____ 4.) Wood : ____ 5.) Electric : ____ 6.) Other : ____	<b>L.) Off Street Parking</b>  1.) Enclosed : ____ 2.) Outdoors : ____ 3.) OffPremise : ____ 4.) Other : ____ (explain)_____ _____	<b>M.) Fire Protection</b>  1.) Smoke Alarms: #____Type_____ 2.) Heat Detector : #____Type_____ 3.) Sprinkler system : Y/N_____ 4.) Smoke Evacuation : Y/N_____ 5.) Fire Extinguishers : Y/N_____ (show all locations of each on plans)

No building or structure which is erected or altered, shall be used, in whole or in part, for any purpose until a certificate of use and occupancy is issued by the Inspector of Buildings.

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations, the Massachusetts State Building Code 780CMR, and the applicable specialized codes, rules and regulations listed in Appendix A.

_____ Date _____ signature of Contractor or Section 116 Professional	_____ Date _____ signature of Owner or Agent of owner
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**Applicant must submit all applicable drawings, site plan, & forms before a permit may be granted.**

**NOTE:** In order that this application may be accepted, the data called for above, along with all attached plans and forms, **MUST** be set forth in such a manner that it can be determined by the application and accompanying plans what the existing conditions are and what the future conditions will be.